

DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator
PHILLIPS PETROLEUM COMPANY
Address
ROOM 711, Phillips Building, Odessa, Texas 79761
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Leamex	Well No. 14	Pool Name, including Formation Maljamar Gb/San Andres	Kind of Lease State, XXXXXX	Lease No. B2148
Location Unit Letter <u>B</u> ; <u>660</u> Feet From The <u>north</u> Line and <u>1980</u> Feet From The <u>east</u> Line of Section <u>21</u> Township <u>17-S</u> Range <u>33-E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Box 3119, Midland, Texas 79701			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Room 711, Phillips Bldg., Odessa, Texas 79761			
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 16	Twp. 17	Rge. 33
	Is gas actually connected?		When Yes 4-28-75	

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Some Reent. <input type="checkbox"/>	Diff. Reent. <input type="checkbox"/>
Date Spudded 3-7-75	Date Compl. Ready to Prod. 3-9-75	Total Depth 4553	P.B.T.D. 4503'					
Elevations (DF, RKB, RT, GR, etc.) 4179'Gr, 4190'RKB	Name of Producing Formation Grayburg/San Andres	Top Oil/Gas Pay 4200	Tubing Depth 4438'					
Perforations 4282-4365'	Depth Casing Shoe 4553'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		360'		(250ex Class H Cinc, 75ex.)			
7-7/8"	5-1/2"		4553'		(150 ex Class H w/100DD 4150ax Class (w/8#salt/sx.Temp survey T0002570') H)			
	2-3/8" tbg.		4438'					

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 4-28-75	Date of Test 4-30-75	Producing Method (Flow, pump, gas lift, etc.) Insert pump	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls. 18	Water-Bbls. 5	Gas-MCF TSTM

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

W. J. Mueller
(Signature)
Senior Reservoir Engineer
(Title)
May 1, 1975
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY [Signature]
TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 1111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Form C-104 must be filed for each pool in multiply completed wells.

INCLINATION REPORT

ONE COPY MUST BE FILED WITH EACH COMPLETION REPORT.

Field Name Maljamar-Gb/San Andres County Lea
Operator Phillips Petroleum Company Lease Rm. 711, Phillips Bldg. City Odessa TX
Lease Name Legmex Well No. 14 79761
Location Unit B, 660 feet from the North line and 1980 feet from
East 1st N. Section 21 Township 17-S, Range 33-E

[illegible]

I hereby certify that I have personal knowledge of the data and facts placed on this form and that such information given above is true and complete.

Sworn and Subscribed to before me, this the 13th day of March 1975.

W. J. Mueller
State and Title of Assistant
Senior Reservoir Engineer

Dorothy V. Anderson Dorothy V. Anderson
Editor Public In and for Ector
June, 1966

My Commission Expires 6-1-75